

FAMILY PLANNING: THE PAST AND THE FUTURE*

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ALTHOUGH my lecture is called "Family Planning—The Past and the Future," I do not intend to bore you with long accounts of the past—telling stories about your past is always much more amusing for the teller than for the listeners—so my history will be brief and sketchy and I shall use the past mainly as a yardstick for the present.

It is well known that the credit for opening the first birth-control clinic in this country belongs to Dr. Marie Stopes. That was in 1921, and Walworth started in the same year. There were, I think, fewer than twenty clinics when the Family Planning Association (under the title of the National Birth Control Association) was started in 1930 to co-ordinate the work of the five separate organizations which then concerned themselves with problems of birth control. All these, with the exception of the Constructive Birth Control Society, of which Dr. Marie Stopes is president, are now fully absorbed in the Family Planning Association.

The National Birth Control Association had one object—to advocate and promote the provision of facilities for scientific contraception. During its twenty-two years of life the Association has changed its name and its objects from birth control to family planning. The main result has been the development of work in the field of involuntary sterility. Nearly all F.P.A. branch clinics tackle this problem to a greater or less extent and Dr. Davidson will tell you of his work, particularly on male infertility.

Postwar Growth

The postwar growth of the Association has been very rapid. In 1949 we were, owing to the generosity of the *Eugenics Society*, still occupying the three rooms at 69

Eccleston Square which were first kindly lent to us in 1934—and Dr. Davidson's laboratory was in Wimpole Street. I think our staff then numbered about ten, with two or three outside organizers. Now we occupy four floors at 64 Sloane Street (and are hardly contained therein) and have a staff of twenty-five, with eight part-time outside organizers. Our expenditure in the 1949 financial year was just under £7,000—last year it was nearly £16,000. We had then sixty-four branches, running seventy-eight clinics between them. Now we have 110 branches, with 130 clinics—and last year these clinics saw about 50,000 new patients. Letters to Headquarters asking for help and advice have gone up from 4,800 to between eight and nine thousand a year.

Work with Hospital Boards and Health Authorities

An interesting feature of the extension of the organization side of the work is the co-operation established with local health authorities and regional hospital boards. In 1930, we thought our main tasks would be to induce the Ministry to widen the terms of its original memorandum (allowing local health authorities to provide contraceptive advice for nursing or expectant mothers who needed it on medical grounds) and to persuade local health authorities to make the fullest possible use of their powers. Now, it is often the local health authority which asks us to start a clinic and a type of joint action prevails in many places today. The local authority or regional hospital board hires or lends to us premises (with equipment) on which a branch of the F.P.A. can run a clinic. Frequently it also makes a grant or pays fees for cases which it refers to the clinic and sometimes even its staff is employed at the clinic. This arrangement greatly facilitates the formation of an F.P.A. clinic to which all married couples can come, and, at

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the same time, the local health authority ensures that its own patients are treated at far less cost than if it had to set up a clinic of its own. At the present moment, of our 130 clinics, eighty-nine are held on local health authority premises and nine on hospital board premises. Sixty-one local health authorities make direct payments to our branches and 107 refer cases to us. Sixty-two have their own clinics and out of the total of 200 authorities there are only six in England, twelve in Scotland and one in Wales which have taken no action to implement the various memoranda issued by the Ministry of Health. I think we may claim that this position is largely due to twenty years' steady concentration of effort by the F.P.A.

Training at Clinics

F.P.A. clinics have also been pioneers in providing training in contraceptive technique. Training facilities in medical schools are improving but our clinics are almost the only opportunity for doctors, medical students and nurses to acquire practical experience. The F.P.A. has drawn up requirements for training clinics and an increasing number of our branches is reaching the standard necessary for recognition as a training centre. Trainees include many overseas visitors who are frequently sent to us by the Ministry of Health and other official bodies. At some medical schools F.P.A. doctors lecture to students and, in at least one medical school, attendance at an F.P.A. clinic is an essential part of the students' curriculum.

Approved List

One of the most important achievements of the Association is the approved list of contraceptives. This is a list of those contraceptives which have passed certain tests, some of which were originally devised by Dr. J. R. Baker when he was working for the Birth Control Investigation Committee under the ægis of Dr. Blacker and the *Eugenics Society*. Tests of any product (whether chemical or rubber) are carried out on samples bought at random and are

repeated every year. The manufacturer must produce the formula and must agree to abide by certain conditions which are designed to secure ethical behaviour by firms and to prevent the advertisement of unjustified claims. All literature produced by a firm is examined and any advertisement or leaflet or other statement about a product on the list must be submitted to us for approval before it is published. The *British Medical Journal*, the *Lancet* and the *Pharmaceutical Journal* consult us before accepting any advertisement of a contraceptive. Our biggest fight has been to get one phrase included in all advertisements of chemical contraceptives. It is natural for manufacturers to wish to advertise their products for use alone but it is the opinion of the F.P.A. Medical Sub-Committee that for maximum safety a chemical contraceptive should be used with a barrier. We all hope very much indeed that this will not always be so and that the perfect contraceptive may not be far away, but that has not happened yet. There may be many people who prefer to use a chemical alone and we naturally do not wish to interfere with individual choice but we want to ensure that this course shall not be adopted in the belief that it is the safest possible method. Hence our insistence on the phrase about maximum safety. The only exception could be in the case of a product which appears to offer greater possibilities, and has passed our tests, and which is described as experimental.

The F.P.A. approved list is, I think, the only means by which medical practitioners (and others) can discriminate between the many contraceptive preparations now upon the market and it is accepted as a guide by other bodies—we were told recently of a manufacturer who was refused a licence to export his goods because they were not on the F.P.A. approved list.

Publications

A greatly increased activity since the war has been the production and sale of literature. *Problems of Fertility*, by several authors and intended for the medical profession, was

published under the auspices of the F.P.A. and, apart from reports of various conferences, we have published seven of our own booklets for sale in branch clinics and to the general public. We also now have our own quarterly journal *Family Planning*, not yet so large or imposing as the *EUGENICS REVIEW*, but we hope its growth will be rapid and lusty.

Conduct of Affairs

The policy of the Association is laid down by its members and branch delegates at the annual general meeting and its business is conducted by the executive committee and appointed sub-committees. The executive is composed of elected members, members appointed by the ten federations into which branches are grouped and co-opted members. The sub-committees are finance, organization, general medical, clinics medical, sub-fertility, ethical, statistics and public relations. We are proud that many distinguished people have consented to serve on one or other of our sub-committees.

Federations of branches hold meetings at which they can discuss many clinic problems and receive reports from members of the executive committee. The impulse given by the branches to the extension of the Association's work has increased enormously since the war and all now aid the finances of their Headquarters office by annual payment of 15s. per head for every new patient seen. We are now welded into a solid organization with a unity of purpose which greatly increases both our momentum and our weight.

Finances

Our finances reflect the changes of our times. In 1939, four-sevenths of our income came from charitable subscriptions and donations and one-tenth from the *Eugenics Society*. A theatrical gala performance and bridge tournament raised about half the latter amount and the total contribution from branch clinics was £13. Last year, one-eighth of our income was subscribed (curiously enough the actual sum, £2,000, was almost exactly the same as in 1939), and

nearly one-sixth, £2,500, came from branches. Apart from £200 from the L.C.C. Sunday Cinema Fund, the rest of our income, which was seven-tenths of the whole and amounted to over £11,000, was earned.

Need for the Work

I would like to devote a few words to the need for the work of the F.P.A. Apart from opposition to the whole idea of birth control there are, I think, a good many people who are, at best, indifferent. Two reasons are given for this indifference. The first is that the battle is won, particularly since the publication of the *Report* of the Royal Commission on Population; the second is that clinics are superfluous because everyone knows what to do and anyone can go to a chemist. Tied up with this is the suspicion, I think, that the movement is largely feminist, even sometimes that women doctors want to cash in on giving birth-control advice to women patients.

With regard to the first of these reasons, the *Report* of the Royal Commission made recommendations which could have been drafted by any of us. They were excellent and they were comprehensive but no attempt has been made to discuss the *Report* in Parliament, let alone implement any of its recommendations. I think the *Report* has had an effect—but mainly because the F.P.A. has quoted it far and wide to medical officers of health, chairmen of regional hospital boards and organizations up and down the country. Ever since it came out we have made it our business to publicize it. The Roman Catholic hierarchy condemned the recommendations relating to the provision of contraceptive advice within the National Health Service and directed Roman Catholics "to do all in their power by lawful means to prevent the implementation of these proposals." No, I do not think anyone can fairly say that the battle has been won.

As regards the proposition that "everyone knows what to do" I think that the data, even though not statistically compiled, are in this case unassailable. One small paragraph in a Sunday paper during the last war brought over 5,000 requests for our

booklet *Practical Advice on Birth Control*. As a result of a short article in the *Daily Mirror* last year saying that for a fee of 2s. the F.P.A. would answer individual inquiries, more than 3,000 letters arrived at Headquarters. And we cannot possibly keep pace with the demand made upon us to start new clinics. These come from the areas themselves, they are not initiated by us, and we cannot meet them because we cannot afford more organizers.

It is true, of course, that patients at clinics are mostly women and that they are usually fitted with caps, although instruction in the safe period and the best use of condoms and sheaths is also given. It is our opinion that married people should be in a position to choose which method of contraception they prefer and that medical advice ought to be available for those who decide that the wife should take the precautions. Undoubtedly this method is preferred by a great many husbands as well as wives and, in our opinion, it should be as widely accessible as the chemist's shop. It is not a matter of urging one method rather than another but of making all available.

I think that there are some who do not grasp the wide ramifications of family planning. Those who have no problem and those who are capable of solving their own difficulties do not perhaps realize the helplessness and the ignorance of a very large number of our fellow human beings. When preparing a memorandum for the Royal Commission on Marriage and Divorce, I read the section of letters received at the office asking for birth-control advice because the writer felt that fear of pregnancy was threatening the marriage. Both husbands and wives had written. On one day alone three such letters had arrived; the purport of all was summed up by one writer: "My husband and I are very much in love and long to carry on as normal as possible but we are so afraid of having any more babies." And in the sub-fertile marriage, too, there is often an underlying or even open fear that the lack of children will ultimately break up the marriage.

Family planning clinics are also familiar

with unhappiness and disharmony caused by an ignorance of sex matters which some members of this audience might find it hard to credit. One instance was that of a couple who came for sub-fertility advice and whose marriage had never been consummated. The field of sex difficulties in marriage was not one the F.P.A. sought to enter, but we have had to because married couples who come for advice on family planning are so often then in the mood to tell their personal sex troubles and to ask for help in those also.

Our Limitations

I have told you some of what I regard as our achievements but that does not mean we are not well aware of our limitations. I think most of these are due to pressure of work and lack of money. Apart from medical and nursing staff, most of our branch clinics are largely staffed by voluntary workers and they are all run by voluntary committees. I think this has been a big factor in their success, not only because in this work keen interest and warmth of sympathy are essential but also because a voluntary committee does not lose interest or depart from its principles and standards. The policy of a local health authority can (and sometimes does) change with its staff. Clinics have been discontinued and follow-up visits on behalf of an F.P.A. clinic by a health visitor have been stopped because a sympathetic medical officer of health moved elsewhere or an unsympathetic one was appointed. And there is no uniformity about a local health authority clinic unless, of course, its staff have been trained by one of our branches, as they frequently are. We have found throughout our history that experienced voluntary committees and trained voluntary workers are invaluable. But we are the first to admit that such a system has its weaknesses. Over 50,000 new patients each year should be a valuable source of data probably unobtainable elsewhere, but data, to be of any value, must be statistically sound. There is the rare clinic worker whose eye lights up when the word statistics is mentioned but usually it seems to induce either the most acute distaste or a

puzzled bewilderment. Now I do not want to suggest that it is essential always to be as thorough as one report in which it was thought necessary to state that "the failure to maintain conjugal relations while living together will also result in a falling off in the average pregnancy rates," but it is rare that the figures of an amateur inquiry are unassailable.

Recently we carried out a study of the rate of persistence of our patients in attending clinics. Thirty clinics co-operated and thanks to the most patient, careful and tactful work by Mrs. Rachel Conrad and her helpers a very interesting and useful report was compiled. However, this one simple question necessitated an immense amount of work and when we recently consulted a medical statistician as to the possibility of carrying out clinical trials, it was reckoned that it was useless to attempt the inquiry unless we could have the services of a trained statistician and probably two assistants for clerical work. The cost was reckoned at something like £1,500 a year for two or three years.

What of the Future?

And now what of the future? The most obvious need is to start new clinics since there are still large tracts of country where there are none at all. There is also much to be done to secure implementation of the Royal Commission on Population's *Report* and we are well aware of the need to examine our own work and data, to improve its quality and to estimate its results.

But the most urgent need of all is a simpler and cheaper method of contraception. For this, research on an infinitely wider scale than any in existence at present will probably be required. We must find out how to make the best use of existing facilities, how to extend these and how to enlist the services

of those who are working in what might become related fields. This is again, of course, largely a matter of finance and I think that it is incumbent on all those who are concerned about problem families, juvenile delinquency and the possible dysgenic effects of a differential birth-rate to combine with the family planners in exploring every possible source from which grants or other assistance might be forthcoming.

The need to solve our own problems and perfect our organization in this country is the more urgent since the world population problem is one that will surely have to be solved within the next fifty years or so. However much the supply of food and other necessities may be increased, ultimately the dilemma remains. Without family planning and with social service and modern medicine, numbers must sooner or later catch up with supplies.

Great Britain has lost the lead she once held in many international fields, but in the field of family planning she is probably the most advanced of all the big countries. Here we have no laws against birth control and we have only a small proportion of the population (between 6 and 7 per cent) pledged to opposition on religious grounds. Though our clinic service is not adequate it is far more nearly so than in any other country, and I do not think that any other country, except Sweden, could have produced the *Report* of our Royal Commission on Population or could marshal such strong and distinguished support for a national policy of family planning.

But our potentiality creates our duty and we must hasten to perfect our knowledge and experience so that we may have something worthy to offer to the world when at last it faces the fact that man's power to lower his death-rate will destroy him unless he learns also to control his birth-rate.